_		·· AFFLICA	fective C	EDETERN October 1, 20	MINA 003	TION REC	COR	D	1	152L	i IJ	50	onei IV	umper
		•	SMAL	L EN	TITY	(1)	) [	ОТНІ	ER THA					
Ĺ	TOTAL CLAI	MS		(Column 1)		(Column 2)		TYPE		<u> </u>	-	OR :	SMAL	L ENTI
	OR		NUN	NUMBER FILED		NUMBER EXTRA		RAT BASIC		FEE	-	-	RATE	
1	OTAL CHAR	SEABLE CLAIM	s	minus 20= 1		*		1				OR BA	SIC FE	E 770.
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*	If the differen	ice in column 1	is less the	ess than zoro. onto-				+145				OR +290		
	\$	•		ess than zero, enter "0" in column 2				TOTAL			OR		DTAL	<del> </del>
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lf tl	the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  TOTAL ADDIT. FEE  The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ADDIT. FEE  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate bo											TO1 DDIT. F		
		on meviously Paid	ror" (Total o	r Independent) is	the hi	ghest number fo	ound in	the appr	opriate	box in	colur	nn 1.	,	